

INFANT

Assessment Questions

Fully Breastfeeding

1. What is your greatest concern about your baby?

Free form answer

2. How is breastfeeding going?
A. Frequency of feeding/24h.
B. How long does a typical feeding last?
C. Are you experiencing any breast problems or pain?

Free form answer

3. How many wet and dirty diapers does your baby have in 24 hours?

Free form answer

4. Does your baby see someone for medical care (one answer)?

Yes
No

5. Tell me about any health issues your baby has and who diagnosed it:

Free form answer

6. Does your baby's caregiver (babysitter, child care provider) smoke indoors (one answer)?

Yes
No

7. Tell me if your baby consumes any of the following (may choose more than one answer):

N/A
Vitamins (multi and/or vitamin D)
Herbs
Teas
Medications
Honey
Raw/undercooked eggs, meats/fish or dairy

Non-food items

8. What have you heard about introducing foods to your baby?

Free form answer

9. Tell me about what your baby eats and drinks (if applicable):
A. How many times per day? What kinds/textures of food?
B. What does your baby drink (other than breast milk)?
C. What does your baby drink from (bottle, sippy, cup, straw)?

Free form answer

10. Do you have any additional questions?

Free form answer

Possible discussion topics:

Vitamin D

Iron rich foods or supplementation

How to know if breastfeeding is going well (adequate production/intake)

Other breastfeeding concerns

Readiness for foods

Foods for age

Weaning to a cup or using a cup

Potential referrals:

IBCLC or BFPC

RD

Medical care provider

Medicaid

SNAP

Food banks

Childcare